

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550328

FILING DATE

APPLICANT(S)

CLAIMS

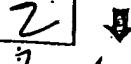
AS FILED AFTER
1ST AMENDMENT AFTER
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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AS FILED AFTER
1ST AMENDMENT AFTER
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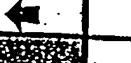
TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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